# Med.Pix

## It's beginning to look a lot like Christmas

**QUESTION:** A 25-year-old man presents to an outpatient Veterans Affairs Medical Center clinic with a 3-day history of itchy rash. It began as a single lesion on his chest (arrow in figure 1) followed some time later by an eruption of smaller lesions over the rest of his trunk and on his arms. His medical history is unremarkable, except that he recalls a recent "cold." He is concerned about the spread of the rash, is bothered by the itching, and wonders whether he should worry about his girlfriend "catching this" from him.

A physical examination reveals an otherwise healthy young man with the rash seen in figures 1 and 2.

What is the diagnosis? What is the treatment?

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None declared

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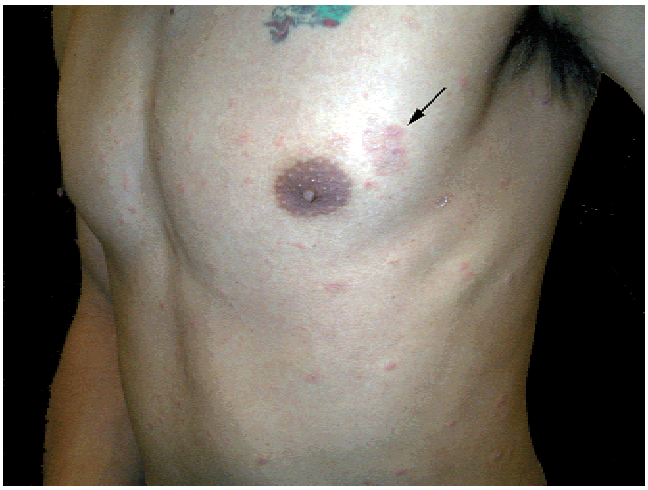

Figure 1 The initial lesion (arrow) appeared on the chest

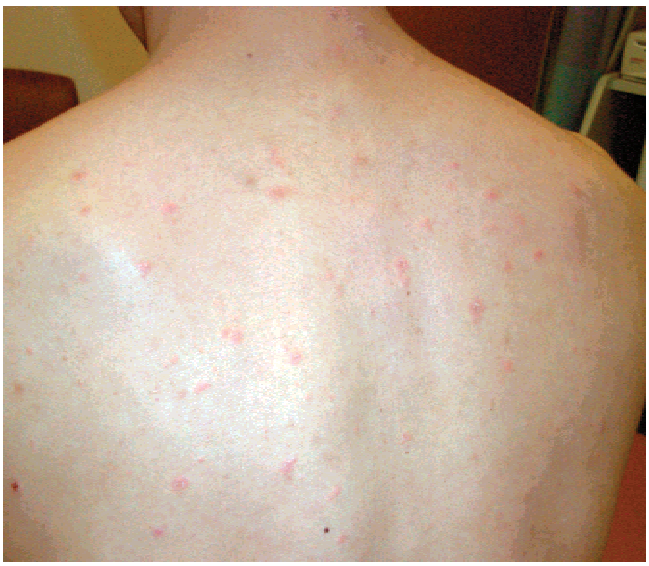

Figure 2 Lesions subsequently erupted on the back

**ANSWER:** This young man has pityriasis rosea, a common, self-limited skin eruption of unknown cause. It has been reported in patients of almost all ages, from infants to the elderly, but 75% of cases occur in people between the ages of 10 and 35 years, with a mean presenting age of 23 years.[1] It is slightly more common in women than men (female-to-male ratio of 1.5:1).[1] Cases of pityriasis rosea are uniformly distributed worldwide, appear to show no racial predominance, and are more common during colder months.[2]

## PATHOGENESIS

Although the etiology remains unknown, pityriasis rosea may be caused by a virus because 20% of cases occur after patients exhibit symptoms of an acute infection, including fever, headache, sore throat, diarrhea, and lymphadenitis.[3] Documentation of clustered cases among families, military personnel, and college fraternities as well as a higher incidence of the disease among dermatologists than other physician groups supports this theory.[1,2] Herpes simplex virus type 7 has been suggested as the causative agent, but this remains controversial.[3,4]

Pityriasis rosea can also occur as an adverse reaction to certain medications or after administration of the BCG vaccine.[2]

## DIAGNOSIS

The diagnosis of pityriasis rosea is made on the basis of clinical information. The rash classically begins with the appearance on the trunk of a solitary 2- to 10-cm lesion called the "herald patch." The lesion often has a flesh-colored center and raised, pink borders. Two percent of patients develop multiple herald patches.[1]

One to 2 weeks later, an eruptive rash, which can be macular, papular, or vesicular, appears over the trunk and arms. These lesions can grow to become 1- to 2-cm plaques that are salmon colored in light-skinned individuals and hyperpigmented in people with darker skin. Lesions often show a narrow rim of scale, called a "collarette scale," that overhangs the well-circumscribed edge. The lesions are bilateral and symmetrically distributed, with their long axes oriented along the relaxed skin tension lines. skin lines. This type of eruption of lesions on the back often resembles a "Christmas tree" pattern. The palms and soles usually, but not always, are spared. About 25% to 75% of patients experience itching.[1,2] The incidence of new lesions peaks over the course of 1 to 2 weeks, and then the eruption resolves over 2 to 4 more weeks. In some cases, the rash may take as long as 3 to 5 months to resolve. The recurrence rate is 2%.[1] Rarely, lesions are purpuric, are accompanied by oral lesions, or appear in greater number on the arms than on the trunk (inverse distribution).[2]

The differential diagnosis includes secondary syphilis, so a rapid plasma reagin (RPR) or VDRL test should be performed if there is a history of high-risk sexual contact, a previous genital ulcer, or significant involvement of the palms and soles. Other conditions that can mimic pityriasis rosea include tinea versicolor, drug eruption, nummular eczema, or guttate psoriasis. A skin biopsy is helpful in difficult cases but is rarely needed.

## TREATMENT

Patients should be reassured that the rash resolves spontaneously in 1 to 3 months without scarring. Occasionally, postinflammatory hyperpigmentation remains, but it usually fades over time. Use of topical steroid cream and oral antihistamine therapy can relieve itching, but such treatment does not change the course of the disease.

Pityriasis rosea is not contagious in most cases, although clusters of this condition have been reported. Isolation is not recommended. There have been no documented cases of pityriasis rosea causing harm to a developing fetus.

## OUTCOME

The patient was reassured, and the condition resolved over 3 months.

References

1 Habif TP. *Clinical Dermatology.* 3rd ed. St Louis, MO: Mosby-Year Book; 1996:218-220.
2 Allen RA, Janniger CK, Schwartz RA. Pityriasis rosea. *Cutis* 1995;56:198-202.
3 Kempf W, Burg G. Pityriasis rosea—a virus-induced skin disease? An update. *Arch Virol* 2000;145:1509-1520.
4 Drago F. Human herpesvirus 7 in patients with pityriasis rosea: electron microscopy investigations and polymerase chain reaction in mononuclear cells, plasma and skin. *Dermatology* 1997;195:374-378.

capsule

**Queue jumping in health care**

A novel system of living organ donation in Boston allows you to donate a healthy kidney to a stranger in return for bumping your loved one to the head of the line of people waiting for a cadaver kidney (*Washington Post* June 9 2001).